

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

OFFICIAL NO. **09/446875**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10		①		1			60						
11		1		1			61						
12	1		1				62						
13		1		1			63						
14		2		1			64						
15	1		1				65						
16		1		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	15	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			18				TOTAL CLAIMS						